FORM D **OMB APPROVAL UNITED STATES** SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00 FORM D RECEIVED NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D, SEC USE ONLY SECTION 4(6), AND/OR Serial UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering (check if this is an amendment and name has changed, and indicate change.) BLR Capital Partners, LP (the "Issuer") Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer check if this is an amendment and name has changed, and indicate change.) RI D Conital Bo

DEIX Capital Partilets, LP		
Address of Executive Offices (Nur 3 Bala Plaza, East 502, Bala Cynwyd, PA	Telephone Number (Including Area Code) (610) 771-2131	
Address of Principal Business Operations (if different from Executive Offices) Same a	Telephone Number (Including Area Code) Same as above	
Brief Description of Business		
To employ a long/short equity strategy t	hat will focus on U.S. equities in the consumer,	retail and apparel sectors.
Type of Business Organization		
☐ corporation	Imited partnership, already formed	other (please specify):
□ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation of	or Organization: Month/Date/Year	

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

09/03

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

(Enter two-letter U.S. Postal Service abbreviation for State:

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

□ Estimated

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	A. BASIC IDENT	IFICATION DATA		
 Enter the information requested for the f Each promoter of the issuer, if the i Each beneficial owner having the p of the issuer; Each executive officer and director Each general and managing partner 	ssuer has been organized wower to vote or dispose, or do of corporate issuers and other corporate issuers and	irect the vote or disposition o		
Check Box(es) that Apply: 🗵 Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) BLR Capital, LP (the "General Partner")				
Business or Residence Address (Numb 3 Bala Plaza, East 502, Bala Cynwyd, Pen	per and Street, City, State, Zi nsylvania 19004	p Code)		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rounick, Brian L.				
Business or Residence Address (Numb c/o BLR Capital, LP, 3 Bala Plaza, East 50	per and Street, City, State, Zi 12, Bala Cynwyd, Pennsylv			
Check Box(es) that Apply: ☐ Promoter	☑ Beneficiąl Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rounick, Marvin				
Business or Residence Address (Numb 1415 Flat Rock Road, Narberth, PA 19072	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rounick, Judy				
Business or Residence Address (Numb 1415 Flat Rock Road, Narberth, PA 19072	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	🗵 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Marvin Rounick Irrevocable Trust	,			
Business or Residence Address (Numb 1415 Flat Rock Road, Narberth, PA 19072	per and Street, City, State, Zi	ip Code)		
Check Box(es) that Apply: ☐ Promoter	図 Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Leon Frenkel				
Business or Residence Address (Number 1600 Flat Rock Road, Penn Valley, PA 190	per and Street, City, State, Zi	ip Code)		

	- 1	100 100 100 100 100 100 100 100 100 100		B.	INFORM	ATION AE	BOUT OF	ERING				
1.	Has the issue	er sold, or c							ering?			
Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?									\$*1	区 ,000,000		
(* Subject to the waiver of the General Partner.)									Yes	: No		
3. Does the offering permit joint ownership of a single unit?4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any									\mathbf{x}			
4.	commission offering. If a and/or with a associated po	or similar person to state or s ersons of s	remuneration be listed is states, list tl uch a broke	on for soli s an assoc he name o er or dealer	citation of ciated person of the broke	purchasers on or agen or dealer	s in conne t of a brok t. If more t	ction with er or deale than five (5	sales of sering registered () persons	ecurities in d with the S to be listed	the EC	
	Name (Last	name first,	if individua	al)								
	applicable. siness or Res	idence Ado	dress (Num	nber and S	Street, City	State, Zip	Code)					
					, a oot, oity,	Otato, 219						
Nar	ne of Associa	ited Broke	r or Dealer									
Sta	tes in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
	(Check '	'All States'	" or check i	individual	States)							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first,	, it individua	ai)								
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Dus	siness of Res	iderice Adi	uress (Muli	iber and s	sireet, City,	State, Zip	Code					
Nar	me of Associa	ited Broke	r or Dealer		24			 _	· — <u> </u>	· - · - · - · - ·		
Sta	tes in Which	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
			or check i				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					All States
[AL]	•	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first	if individu	al)								
Bus	siness or Res	idence Ad	dress (Nun	nber and S	Street, City,	State, Zip	Code)					
Nar	me of Associa	ited Broke	r or Dealer			· · · · · · · · · · · · · · · · · · ·	,					· · · · · · · · · · · · · · · · · · ·
Sta	tes in Which	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
J. J			or check i			= = · · = · · · · · · · · · · · · · · ·	- · · - · - · - · - · - ·					All States
[AL]	•	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	_ [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND O	3E	OF PROCEEDS)	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	<u>o</u>	\$	<u>0</u>
	Equity:	\$	<u>0</u>	\$	<u>0</u>
	Convertible Securities (including warrants):	¢	0	¢	0
	Partnership Interests	\$	1,000,000,000*	\$	<u>2,780,000</u>
	Other (Specify)	\$	<u>0</u>	\$	0
	Total	\$	1,000,000,000*	\$	<u>2,780,000</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		<u>8</u>	\$	2,780,000
	Non-accredited Investors		<u>0</u>	\$	<u>o</u>
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 3, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Tuno of		Dollar Amount
	Type of offering		Type of Security		Sold
	Rule 505		None_	\$	<u>o</u>
	Regulation A		None	\$	<u>0</u> 0
	Rule 504 Total		None None	\$	0.0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			•	±
	Transfer Agent's Fees		X	\$	<u>o</u>
	Printing and Engraving Costs		図	\$	<u>5,000</u>
	Legal Fees		(X)	\$	<u>35,000</u>
	Accounting Fees Engineering Fees		区 区	¢	<u>5000</u>
	Sales Commissions (specify finders' fees separately)		(X)	\$	0
	Other Expenses (identify Filing fees		図	\$	5 000

X

^{*}Open-end fund; estimated maximum aggregate offering amount

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSI	ES AND U	JSE OF P	ROCE	EDS	3	
4.	b. Enter the difference between the aggregate offering price given in response to 1 and total expenses furnished in response to Part C - Question 4.a. This difference gross proceeds to the issuer."	e is the "a	djusted			\$	999,950,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or profor each of the purposes below. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equipose proceeds to the issuer set forth in response to Part C - Question 4.b above.	h an estima	ate and				·
			Paymer Office Director Affilia	rs, s, &			Payments to Others
	Salaries and fees	X	\$	<u>0</u>	X	\$	<u>0</u>
	Purchase of real estate	X	\$	<u>0</u>	X	\$	<u>c</u>
	Purchase, rental or leasing and installation of machinery and equipment	X	\$	<u>0</u>	X	\$	<u>0</u>
	Construction or leasing of plant buildings and facilities	X	\$	<u>o</u>	X	\$	<u>c</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	区	\$	<u>0</u>	X	\$	<u>0</u>
	Repayment of indebtedness	X	\$	<u>o</u>	X	\$	9
	Working capital	X	\$	<u>o</u>	X	\$	<u>c</u>
	Other (specify): Portfolio Investments	X	\$	<u>o</u>	区	\$	999,950,000
	Column Totals	X	\$	<u>o</u>	X	\$	999,950,000
	Total Payments Listed (column totals added)	図		\$ <u>9</u> !	99,95	50,0	000
	D. FEDERAL SIGNATURE	<u> </u>	''				
foll	e issuer has duly caused this notice to be signed by the undersigned duly authorize owing signature constitutes an undertaking by the issuer to furnish to the U.S. S juest of its staff, the information furnished by the issuer to any non-acceptited invest	ecurities a	ind Exchar	ige Co	mmis	sio	n, upon written
	uer (Print or Type) R Capital Partners, LP	l.	Date 2	119/0	,4	···-·	
Na Br	me (Print or Type) ian L. Rounick Title of Signer (Print or Type) Managing Member of the General Partner						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)